

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **08/97-306**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		2		/			54						
5		2		/			55						
6		2		/			56						
7		(1)		/			57						
8		(1)		/			58						
9		(1)		/			59						
10	/		/				60						
11		/		/			61						
12		/		/			62						
13		(1)		/			63						
14		(1)		/			64						
15		(1)		/			65						
16		(1)		/			66						
17		(1)		/			67						
18		(1)		/			68						
19	/		/				69						
20	/		/				70						
21		/		/			71						
22		/		/			72						
23		2		/			73						
24		2		/			74						
25		2		/			75						
26		(1)		/			76						
27		(1)		/			77						
28		(1)		/			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32		(1)		/			82						
33		(1)		/			83						
34		(1)		/			84						
35		(1)		/			85						
36		(1)		/			86						
37		(1)		/			87						
38		(1)		/			88						
39		(1)		/			89						
40		(1)		/			90						
41		(1)		/			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			36				TOTAL DEP.						
TOTAL CLAIMS			41				TOTAL CLAIMS						

**BEST AVAILABLE COPY**